



PROGRESS IN MEDICINE

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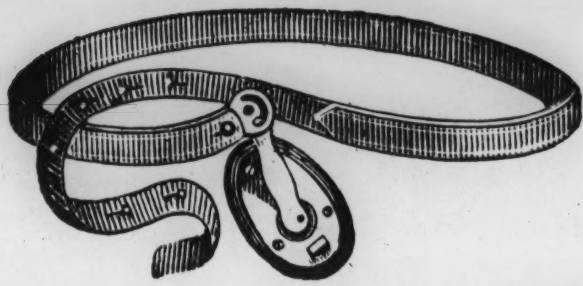
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WHEN THE DOCTOR IS SICK.

By G. T. Palmer, M.D., Chicago, Ill.

In my many years of labor

I have tried 'most every "stunt;"
Cured the yells of babes with colic,
Soothed the toper's gouty grunt;
Charmed the snakes of wiley boozers,
Quelled the nerve storms of the
dames,

Shot with pills at strange diseases
When I didn't know their names.
I have patcht the voice of singers,
And have robbed the sneeze from
grippe,

Knockt the chills clear out of ague,
Cured the small-pox every trip;
But one stunt has always floored me,
Always will---this little trick---
Giving pills and soft emulsions
To a doctor when he's sick.

You have seen his sweet persuasion,
Heard him swear "it tasted good,"
Heard him say: "this will not hurt you"
(Then you'd vacate if you could);
Heard him swear he had no patience
With a man who couldn't take
Any sort of pill or nostrum

For his pain or for his ache.
Heard him tell you not to grumble---
"Grumbling does no good," says he,
As he rolls a nasty powder
In a paper on his knee.

Then you ought to see the doctor
When he's laid up for repair,
Ought to hear the old boy growling,
Ought to hear the doctor swear;
And you ought to see the nurses
When the time comes for his dope---
If you had their job before you,
You would bid farewell to hope.

L'ENVOI.

You may be amazing clever,
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—*American Journal of Surgery and
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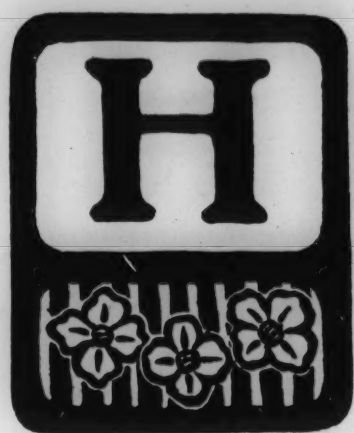
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CALIFORNIA MEDICAL JOURNAL.

VOL. XXV.

JUNE, 1904.

No. 6.

Hygienic Essentials.

M. SCHIRMAN, M. D.

Lecturer on Hygiene, California Medical College.

PART III, EXERCISE.

THE body of man is evidently calculated for activity and exertion. Nothing can exceed the admirable structure of its form, by means of which it is enabled to move from one place to another, and, by the flexibility of its joints to bend itself with ease, to cultivate that soil from which its food must be derived. By labor (in which general terms exercise is included) man preserves his health, augments his strength, improves his mental faculties, procures the means of his subsistence, and obtains all the other conveniences of life. Without labor scarcely any of the gifts of Providence are to be made available.

It is by exercise that the digestive secretions are prepared, that the alimentary juices are absorbed and incorporated with the system—that the blood is duly circulated and imbibes

the healthy influences of the atmosphere—that warmth is diffused over the whole—that perspiration is duly promoted, and every noxious substance, however minute, is expelled.

With regard to merely bodily exercise it is to be observed, in the first place, that we have no fewer than four hundred muscles, each designed to serve some particular end in locomotion, or in operating upon external objects. A sound state of the body depends very much upon every one of these muscles being brought into action in proper circumstances to a suitable extent. There is even a law operating within a certain range by which each muscle will gain in strength and soundness by being brought into a proper degree of activity.

The process of renovation may be said to be always going on in the body

but it does not go on with permanent steadiness unless the muscular system be exercised.

Whenever one of the organs is put into exertion this process becomes active and the two operations of which it consists maintain a due proportion to each other. A greater flow of blood and of nervous energy is sent to the organ and this continues as long as it is kept in activity. When one state of action follows close upon another the renovating part of the process rather exceeds the waste and an accretion of new substance as well as an addition of fresh power takes place. On the contrary, when an organ is little exercised the process of renovation goes on languidly and to a less extent than that of waste, and the parts consequently become flabby, shrunken and weak. Even the bones are subject to the same laws.

In an active muscle the blood-vessels are dilated. The neutral or feebly alkaline reaction of the passive structure becomes an acid reaction when the muscle is contracting, owing, it is supposed, to the formation of paralactic acid. A considerable quantity of carbon dioxide is excreted from the active muscle while a large proportion of oxygen is consumed. The amount of glycogen and grape sugar is diminished in an active muscle, the tissue of which contains less extractives soluble in water but more extractives soluble in alcohol. During exercise the amount of water in muscular tissue increases, while that of the blood is diminished in proportion. Heat is formed in a muscle in a state of activity.

That motion is the tenure and con-

dition of the safety and preservation of the whole of animated and inanimate nature, every portion of organized matter affords incontestable proofs. The solar system gives us a useful lesson of the advantages of activity; the earth and all the planets keep their constant motions—the air is tossed by the winds—the waters are ebbing and flowing; and all this change and motion is, no doubt, for the safety and preservation of the system. By a similar law of physics the animal machine to be preserved in a healthy tone must be employed and kept in a state of activity.

The effects of exercise upon the faculties of the mind are also of the highest importance. It keeps the memory clear, the imagination untroubled, and the spirits in a state fit for the proper exertion of our intellectual powers.

But though motion is the tenure and condition of life, exercise should not be used immediately after eating; inattention to this rule has proved fatal to many persons. There are two kinds of exercises, the active and the passive. The active consists in walking, running, leaping, riding, fencing, rowing, skating, swimming, cycling, dancing, and such as prescribed in gymnastic institutions. The passive consists in carriage riding, sailing, friction, swinging, etc.

The great objects of exercise during infancy and youth are, to promote the growth and strength of the body, and to render the senses, both external and internal, more acute. The plays and diversions of children, therefore, should be directed towards good and useful habits, and to prevent the introduc-

tion of bad ones. Nature has implanted in young persons an earnest desire to romp, to run, to wrestle and to follow other bodily exercises that require activity; so that sitting or being confined is the greatest punishment they can suffer. This is a wise contrivance of nature; for thereby their joints are rendered strong and pliable. Exercise is much more necessary for children than attention to the mental branches of education.

The exercises of youth should promote the circulation of the blood and strengthen the nerves and muscles; they should expose the body to the weather and the elements, and should render it adroit and agile, and excite and cherish activity; and by them not only personal strength and mental energy, but also the beauty of the form should be promoted.

Walking is the most usual, the most simple, the most easy and one of the most valuable modes of taking exercise. It is suited for individuals of all ages and of all states of development. It is the main exercise of the quite young child, a prominent feature in the training of the athlete, and usually the only form of exercise indulged in by the aged.

It is a mode of exercise which requires neither apparatus nor special locality and there can be few so engaged in the pursuits of living as to find a legitimate excuse for not indulging in this simple means of keeping the body in health. While walking exercises mainly the muscles of the legs, it brings into play also the muscles of the loin and of the back and abdomen.

Not only has the individual to move, he has also to keep erect. The circulation and respiratory movements are increased and the general beneficial effects of exercise are brought about. Very long and rapid walks should not be indulged in by individuals of sedentary habits nor by weakly persons. Their frames are totally unprepared for such violent exertion. Walking should not be carried to fatigue, especially in summer. Any unusual peculiarity in walking, especially in children or young people should not be permitted to pass unnoticed; it may be the first indication of spine or hip disease.

Running and leaping are good exercise. It may when judiciously had recourse to invigorate the body, yet from apprehension of the evils and accidents which may be so occasioned, young persons ought not to be permitted to engage extensively in except under the care of some one well acquainted with gymnastics.

Fencing is, of all active exercises, that which is most commendable, inasmuch as it throws open the chest and at the same time calls into action the muscles both of the upper and lower extremities. Fencing is as much an exercise of the brain as of the muscles.

Fencing develops certain faculties in an admirable manner. It requires quickness of the eye, extreme readiness of action, accurate muscular sense, great precision and firmness of movement and perfect powers of ready co-ordination. It involves the practice of a quick decision, a rapid judgment and a good memory, but it should never be recommended to children.

Boating, rowing and sculling are good exercises. Sculling may be considered to be better than rowing. To all ordinary individuals boating should imply a knowledge of sculling, and no person should be content with the capacity to pull one oar. Sculling involves a more even employment of all the muscles of the body; one side of the body is not more extensively employed than is the other; there is no disposition to rotate or screw the back or to pull, as it were, from one side. In sculling the muscles of the two sides of the body are equally employed and the exercise has the great merit of being perfectly symmetrical.

Bicycling.—A ride upon a bicycle involves not only an admirable muscular exercise but it involves of necessity exertion in the open air. The exercise is continuous and not intermittent; it can be regulated to a degree and can be indulged in equally by the athlete and the weakling. Boys and girls between the age of fourteen and eighteen have almost every form of exercise and physical recreation open to them. They should avoid exercises of strength and feats of strength and exercises of extreme speed such as sprint running, etc., etc.

Adults between eighteen and twenty-

five have the whole of the joys of the athletic world open to them, and if a man can keep in training and in practice his period of athletic life may be extended to thirty.

The middle aged and elderly must anticipate a progressive curtailment of more active pursuits. There remains, however, walking and all the milder forms of outdoor exercise—riding, skating, cycling and the use of the simpler gymnastic apparatus.

The amount of bodily exercise which should be taken must vary according to habits, strength and general health of the individual; but as a rule every person should take at least two hours exercise daily.

Another caution—Excessive exertion in walking, running or leaping is liable to bring on an enlargement of the veins of the legs which gives rise to much suffering.

Lastly. The production of hernia during the performance of feats of lifting or leaping, etc., must be carefully guarded against, especially by those in whom any hereditary tendency to this troublesome malady can be discovered on scrutinizing examination of the family history for several generations. Of course I could write a volume on exercise but space here will not permit.

Rodent Ulcer,

DR. T. J. HIGGINS.

ONE of the commonest forms of Carcinoma of the skin is Jacobs Ulcer or Ulcus Rodens.

A peculiarity of this diseased or morbid state is that it occurs usually in persons of middle or advanced age.

It usually originates as a small, hard nodule of a slightly reddish color, or it may be of a normal color. This nodule spreads at the circumference or periphery and finally breaks down so as to form a flat ulcer. It usually commences to break down in the center. The base and margin of this ulcer is hardened and it is usually round or kidney shaped in outline. The border is always slightly raised and is undermined in places, and as a rule renders the nature of the new growth manifest. The ulcer is red and livid in color and it has a lightly granular appearance on the surface. The amount or quantity of the secretion is small and soon dries up to form adherent crusts. A rodent ulcer will frequently heal in the center and from this fact is considered as comparatively benign by some authorities. The corresponding lymphatic glands as a rule are seldom involved and this fact seems to lend some support to the contention that it is a benign growth. A change into a malignant carcinoma does however frequently take place. The face is the seat of this disease as a usual thing but the genitals may be attacked. The nose and eyelids are the parts most frequently attacked, and when the disease takes on a decided malignant form the deeper structures are certain to be involved. Rodent ulcer has occasionally formed from pre-existing seborrhoeic warts and in those cases takes a decidedly distinctive type or form and at the margin or near the margin warty excrescences form which in turn break down and coalesce to cause a spreading of the diseased state. The diagnosis must be established

upon the localization, the hardness of the base and margin, the very slow spread of the disease and the age of the patient. Sometimes it is a hard matter to differentiate this disease from syphilis, especially when the lesion spreads at the edge and heals in the center as we all know that it often does in syphilis. Often in dubious cases where antispecific remedies fail to effect a cure the use of the microscope proves of great value as an aid to diagnosis, especially if there is an entire absence of other syphilitic phenomena.

Treatments employed in this disease usually are scraping, thermo cautery and the use of various chemical caustics such as nitrate of silver, potassium chlorate in solution with aqua and glycerinum. Often a mixture of hamamelis dist. and hydrastis colorless aa proves beneficial, and in connection with the ultra violet of the spectrum with the X-ray applied directly to the diseased surface will sometimes effect a radical cure. The X-ray should only be used twice or thrice weekly and a seance of not over eight or ten minutes. The best of results have been attained where the patient was only exposed from three to five minutes at a time; of course the duration of exposure would have to be determined by the judgment of the operator in each given case. It is essential that adjacent parts should be carefully protected from the caustic effects of the ultra violet rays during the application and this may be done easily by taking a piece of turkey red silk and cutting a hole in the center of it so as to just admit the ulcer to the exposure. Of

course we all know that the red material will absorb the ultra violet rays so that the adjacent parts will not be affected thereby but they will simply receive the stimulant influence of the minute etheric wave disturbance pro-

duced by the X-ray itself which is good treatment for the surrounding parts and will materially assist in keeping the surrounding tissues and epidermis from breaking down and thus arrest the progress of the disease.

The Diet of Typhoid Fever Patients.

Lecture delivered to the nurses of the John Sealy Hospital Training School.

J. T. MOORE, M. D.

I HAVE spoken to you at much length upon this disease, especially in reference to the part you are to take in your community in its prevention.

Now, in taking up the treatment of it, I wish to strongly emphasize the question of diet, for there is no more important matter in the treatment of typhoid fever patients to consider. A wise choice and the proper administration of food means much to your patient. The nurse here comes in as a factor equal to the doctor. While the physician may prescribe the dietary of the patient it is for the nurse to prepare and properly administer the foods. The trained nurse must be an expert on this matter. She must be able to prepare the diet ordered not only with reference to preserving the food value, but it must be done daintily so as to please the palate of the patient. Each will require a diet adapted to its peculiar needs, yet there are certain general principles that apply to all cases.

The most easily digested foods and those readily assimilated are to be used. The digestive organs must be safe-

guarded so that no more derangement may arise than can be avoided, as the material which cannot be absorbed acts as an irritant to the bowels. This is the case practically in all fevers, and much more so in typhoid fever. While a sufficient amount of food should be taken, much care has to be exercised not to over feed the patient.

Food that is left unabsorbed in the intestines may undergo fermentation and set up a diarrhoea, or the mere presence of unabsorbed particles of food acts as a mechanical irritant which tends to cause diarrhoea and to diminish the absorptive powers of the intestines. The presence of much residue increases the danger of ulceration and perforation.

The proper foods for typhoid fever patients are those that are liquid, easily digested and readily absorbed. Yeo (Food in Health and Disease) emphasizes the importance of diluting all foods well. The quantity of food to be given in each case must be determined by the absorptive powers of the patient. It is better to give a tea-

spoonful of milk in such a way that it will be absorbed than to give a quart in a form that will only curdle and become a mass of irritant culture material for bacteria to feed upon.

Water should be given freely—say sixty to eighty ounces in the twenty-four hours. The liquid foods may be considered as part of the daily allowance. There ought to be some pure water given at intervals between the food taking, and the nurses should see that the patient takes the water. Water is made more palatable to many persons by flavoring it with some fruit juice—as lemon, orange, grapes, pomgranate, etc. Cold water is, as a rule, much more grateful to the patient than warm water, and the cold water aids in reducing the temperature. Tea or coffee may be allowed, either hot or cold, and it should be remembered that these are valuable to use as stimulants where the patient is much wasted and weak. They may be used to great advantage to flavor the milk, or they may be used as diluents for the milk.

Milk in some form may be considered as the standard food to be given in typhoid fever. Osler advises the dilution of milk always when giving it to typhoid fever patients. Many cases that apparently cannot take milk find it easy to digest after being diluted with an equal part of water. Unless the milk is diluted the curds are apt to be too large for the digestive juices to break up. These large masses undergo putrefactive changes, and great harm is done the patient. One-half pint of fresh unskimmed milk diluted with boiled water should be given the pa-

tient every three hours. Thus the patient would receive not less than three pints a day.

A sharp watch should be kept of the stools to detect any small particles that might pass undigested. The presence of small white flakes or masses in the stools shows that the milk is not being properly digested, and is an indication to withhold the milk. Yeo advises diluting the milk with some alkaline mineral water, or he gives the nurse a powder containing bicarbonate of soda, 3 grs., bicarbonate of potash 3 grs., magnesia 2 grs., sodium chloride 3 grs. to be added to each cupful of milk. He claims that in addition to the digestion being greatly aided, it adds certain necessary salts to the system.

Where sweet milk disagrees with a patient, whey, koumiss, junket or buttermilk may be substituted. These are good to give at alternate times to prevent the patient becoming tired of sweet milk. It has been shown by recent workers along these lines that buttermilk is very digestible and of great value in feeding cases with low digestive powers. It is often given to children where sweet milk does not agree with them.

Koumiss is made as follows: Boil fresh milk, and, when nearly cold, put into quart bottles, leaving room to shake; add one half ounce of crushed lump sugar and a piece of yeast (say 15 to 20 grs). Cork with new corks, tie stoppers down. Keep cool, lay the bottle horizontally and shake twice daily. These are ready after six days of ordinary weather.

Albumen water, or egg lemonade, is

a favorite food with Osler in John Hopkins hospital. Many cases are treated through an entire course of the fever on this diet. As a rule they alternate diluted milk with albumen water, made from the white of an egg. This is a food of great value, and is often tolerated when other foods cannot be given.

It is made by taking the white of an egg, putting it with half a cup of water and adding cracked ice, a small quantity of white sugar and the juice of a quarter of a lemon or orange. Shake well and allow the patient to drink. Where a stimulant is needed a little wine or brandy may be added.

Barley water or barley gruel may be used to great advantage in cases where milk disagrees. It may be given alone or in combination with milk. Barley water is of great value in modifying milk, as it greatly increases the digestibility of milk by preventing the formation of curds.

The gruel strained makes an excellent food, and is a pleasant change to the patient.

Barley water is made by taking two ounces of pearl barley and washing it in cold water, then boil for five minutes in fresh water; then pour off, add two quarts of boiling water and boil down to one quart, strain and flavor to suit the taste. Sweeten if desired. A cupful of this may be given every three hours, either straight or with an equal quantity of sweet milk.

Where Robinson's barley flour is used the following should be done: Mix two teaspoonfuls of barley flour with a little cold water into a creamy

paste. Pour on gradually one pint of boiling water and allow to boil for a moment.

Animal broths—beef tea and meat juices may be given where milk disagrees with the patient, or to prevent tiring the patient with one article of diet. Strong beef tea should not be used, but the mild animal broths flavored with some vegetable that is agreeable to the patient, are more desirable.

Make beef broth as follows: Take one pound of lean beef and chop fine, using the bone also, and to this add one quart of cold water. Let stand for about one hour, then place the jar containing the meat in a vessel of cold water. Gradually bring this to a simmer, being careful not to allow it to boil. Simmer from about half to an hour, keeping the upper surface skimmed of all fats, etc., that may arise to the top. Some vegetable juice may be added to give it flavor, as celery, asparagus, etc. Mutton and chicken broths are prepared in a similar way.

Broths may be made without boiling by adding a pint of water to which has been added a few drops of hydrochloric acid to half a pound of meat that has been finely chopped. This style of broth is richer in soluble albumen.

In cases of exhaustion, where a more concentrated food is needed, beef juice is excellent. Take a large, juicy piece of lean beef and throw upon a very hot griddle so as to quickly sear the outside and prevent the escape of the juice of the meat. Turn over quickly and treat the other side in the same way. Now chop the meat into fine pieces and put in a meat press or lemon squeezer

and press the juice out; add a little hot water, salt and pepper; serve while hot.

Well made gelatine, flavored with fruit, may be used. Some patients enjoy this very much. Ice cream may be given in almost any stage of typhoid fever. Milk and egg custards are valuable foods and are quite palatable.

Yoe recommends the use of infusion of coffee as a stimulant and as a flavor for the milk, jelly, etc.

Many more articles of food might be presented for discussion, but these foods, well prepared, will feed any case of fever. Simple foods should be the aim.

I am in the habit of allowing strained rice and oatmeal after the temperature has been normal for about five or seven days. Soft boiled eggs may also be given now.

After the temperature has remained normal for a week or ten days one may gradually pass to a soft diet.

The greatest care must be taken to prevent patients from over-eating after convalescence has begun. Go very slowly with the increase in diet. The patient will importune you to feed him, but see that each semi-solid or solid article of food agrees well and does not cause a rise in the temperature.—*Oklahoma Medical News-Journal*.

The Successful Treatment of Eighteen Cases of Granular Lids by the X-Ray and High Frequency Vacuum Electrodes.

Read at the Thirteenth Annual Meeting of the American Electro-Therapeutic Association, at Atlantic City, September 23, 1903.

ALBERT C. GEYSER, M. D.

GRANULAR lids or trachoma is too well known to require very much of a description; hardly an institution or school exists, even under the most rigid sanitary conditions, which has not always one or more of these cases on hand; we know this disease to be contagious and most rebellious to treatment, still, so accustomed have we become to seeing it that it has grown upon us, and by its very constancy has become one of the evils to be tolerated.

How often do we see children and even adults with granulated eyelids, apparently never giving themselves any

concern whatever; the fact, however, remains that these same cases have been treated and by competent men, at proper institutions as well as at home, yet the disease remains and the average ophthalmologist must be satisfied if he can relieve a certain percentage and keep others from growing worse.

One of the most dreaded complications of this disease is the formation of pannus, which is of course hardly a complication, but simply an extension or invasion of different tissue by the same morbid process.

It is this percentage of chronic cases

that have failed to be relieved by the ordinary methods that we wish to consider in this paper, and we will do this as expeditiously as possible, so that if this paper possesses no other merit, it shall at least possess the merit of brevity.

History informs us that this disease has been known for centuries, and strange as it may seem, the treatment instituted by the ancients is as effective to day, and with little modification used at present, by every eye surgeon, namely: scarification, and expression or removal of the granular material.

Ætiology or symptoms need hardly be considered here; they are found stereotyped in all text-books; in fact, we have all read and reread them, that is, we have them committed to memory.

Pathology, however, is entitled to more serious consideration, for treatment of any kind not in harmony with the pathology of the disease can hardly be called scientific.

In trachoma we see an excessive degree of development of the papillæ of the mucous membrane and the formation of the granulations.

Microscopically the granulations may have an imperfect capsule or may have no capsule, but they seem to grow from, or in, the stroma of the conjunctiva. In the acute form the granulations consist of the lymph cells alone. They are to be regarded as new growths in the conjunctiva, and in addition to the lymphoid cells, the mass of cells and connective tissue is penetrated by blood vessels.

The chronic granulations consist of lymph cells toward the surface, but

their bases are chiefly formed of connective tissue. Gradually the cellular elements are transformed into connective tissue, and in this way cicatricial degeneration of the conjunctiva is brought about at each spot where a granulation was seated.

To sum up, the pathological condition consists of a chronic inflammatory process, causing dilatation of the blood vessels, the consequent formation of a new growth or granulating material, with subsequent degeneration and the formation of connective tissue, which eventually contracts, causing the deformities of entropion or ectropion.

Treatment.—The chief aim of the treatment must be to check the development of the hypertrophy of the conjunctiva and bring about absorption of the granulations, in order to prevent the destruction of the mucous membrane and to reduce the previous results of the disease to a minimum.

In the light of modern electro-therapeutics what is more logical than the application of the X-ray to check the development of hypertrophy and cause protoplasmic contraction, thereby limiting—in fact, preventing—the further formation of granulating material.

A few exposures, six to eight, will suffice to bring about this much-desired result.

Our second consideration is to cause absorption and to stimulate normal nutritional processes; nothing seems to answer the purpose any better than the direct contact of the tissues with a high-frequency vacuum tube generated by a static machine, X-ray coil, or Kidder High-Tension apparatus.

Technique.—The patient is seated. With a little vaselin anoint the margin of the closed lids, paying especial attention to the lashes; now a strip of adhesive plaster $\frac{1}{2}$ inch wide is caused to adhere to outer surface of the eyelid, so as to appear as a prolongation of the lid; should it be the lower lid that is being treated, a small lead weight about $\frac{1}{4}$ of an ounce is fastened at the other end of the adhesive tape, which should be about two or three inches long; place a wire probe, lead pencil or similar object under the eyeball on the outer side, make gentle traction and the lid will become everted to its fullest extent and remain so by suspending the weight; if the upper lid is to be treated, the same process to be applied, but the weight is then passed over the head of the patient and allowed to exert its traction in that manner. A shield of rubber composition with a circular perforation the size of a 25-cent piece is brought close to the face of the patient, and through this aperture the X-ray is allowed to act for a period of three to five minutes on alternate days for about two weeks. No harm has as yet been experienced from the exposure of the eyeball if the tube is brought no nearer than six inches.

After about six or eight such X-ray exposures, the lids are prepared in the same manner and a high-frequency tube is brought in direct contact with the entire conjunctiva, being careful not to cause undue irritation by the moving of the vacuum electrode over the mucous membrane; this is continued for one to three minutes, the lids are then

released and a similar application with a broad flat vacuum tube is then applied to the closed eyelid on its outer surface.

A probe wrapped with a little cotton, which is moistened in some clean water and occasionally passed over the everted lid, seems to be grateful to some patients.

The vacuum tube treatment should be continued for from one to three weeks as the requirements of the case may demand.

The eighteen cases referred to were cases promiscuously selected, some occurring in private practice, some from institutions, still others were referred by eye surgeons.

The details of one case will practically answer for all:

Mr. N., forty-three years of age. Occupation, school teacher. Referred by Dr. Skell of New York in January, 1903.

Trachoma is present in upper and lower lid on left side only, of, now, eight years standing. The lower lid is studded with granulations and through cicatricial contraction the lid is inverted, causing the cilia on the margin of the lid to continually irritate the cornea, which is already cloudy, with some interference of vision.

This case was subjected to the treatment as outlined above; after the fourth exposure to the X-ray a mild reaction appeared which caused no inconvenience, the tube was simply removed a greater distance, and the time shortened until eight exposures had been made.

The high-frequency vacuum electrode

was now substituted and continued on alternate days until the end of March, when the patient declared himself free from all pain and irritation, his sight almost as good as in the other eye, and

to all appearances completely cured. Six months have passed since his discharge and no recurrence has taken place; he remains well.—*The Journal of Advanced Therapeutics.*

Baby's Bowels.

D. MACLEAN, M. D.

THE care of the baby is an important matter. What to do and what not to do, requires intelligence. The general condition of the baby's bowels is constipation. A baby's bowels should move twice a day, and regular habits should be established. The morning movement before the bath and evening after feeding, preparatory to bed.

If baby's bowels do not move naturally, the nurse or mother, should vaseline the tip of the index finger and irritate the rectum, which usually produces an evacuation, or a suppository of castile soap may be introduced into the rectum, in place of the finger.

The color of the stools should be yellowish, pasty in consistence, and acid in reaction. Any deviation from this shows a wrong in diet, or hygiene. We have green, brown, light gray, mucous, and jelly-like stools; each having its own significance and requiring a change in diet rather than medication.

Green stools are not always acid, in fact they are mostly alkaline. A baby given bicarbonate of soda for several days will have green passages. Dilute hydrochloric acid corrects the condition.

Brown, or muddy stools may be from colitis, or from animal diet, while the baby is too young for such food.

The light gray stools are an evidence of a deficiency of bile and an excess of fat. The treatment should be towards correcting these wrongs. Where mucous is always present in the discharges an excess means an inflammatory condition. The jelly-like stools are owing to inflammation of the colon, or rectum.

All these conditions may be corrected without medicine, if the proper food and the proper proportion is given. The infant should have little or no medicine. Diet and hygiene should correct—will almost invariably correct the wrongs of childhood.

A CLEVER DIAGNOSIS.

Wife (to sick husband) — "The doctor says your system needs a stimulant, and has prescribed whisky."

Patient (eagerly) — "That physician has diagnosed my case correctly; he knows his business. When are we to begin?"

Wife — "Right away. You are to take half a teaspoonful after each meal."

The Study of Therapeutics.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

THE drugs which will be considered next are colocynthis and dioscorea villosa. The key note to the basic indications of drugs are fully explained in the February issue of the CALIFORNIA MEDICAL JOURNAL, and it will therefore not be necessary for me to repeat.

Colocynthis:

Physiological Basic Symptoms: Violent colicky pains in abdomen; only position to get any relief is by bending double, legs drawn up to get relief. Pressure also eases the pain a little. Watery diarrhoea and if carried further bloody stools. There may be vomiting often of violent nature.

Secondary Basic Indications: Although used by some old school physician as a violent cathartic, it should never be used in this form for medical purposes.

Primary Basic Indications: Violent colicky pains in abdomen, where doubling up or drawing up the legs and hard pressure to the parts will give some relief. This may or may not be associated with diarrhoea especially of watery and often of bloody nature. There may be nausea and vomiting; all these symptoms, if present, are generally of a violent nature.

Dose, adults: Colocynthis 2nd gtts. xxx; aqua ad. ℥ii ; sig., 1 teaspoonful a first dose, then $\frac{1}{2}$ to $\frac{3}{4}$ teaspoonful every 10 to 15 minutes until easier; then at longer intervals until condition is corrected.

The dose of colocynth of 5 drops of specific medicine to 4 ounces of water, is decidedly too strong and often develops mild secondary effects. The fact of the matter is, it is too strong in most all cases, for what it is wanted—its primary effect. The 2nd dilution as stated has answered the purpose best for me.

In cases where Jamaica ginger, morphine, chloroform, etc., is of no use, or only gives temporary relief, one or a few doses of colocynth 2nd, as stated, will often entirely correct the condition, surprising both the patient as well as the physician. It is a wonderful remedy where indicated.

Dioscorea Villosa:

Physiological Basic Symptoms: Colicky pains in abdomen, radiating in all directions, flatulence with or without nausea. Bending backward gives some relief of the pain in abdomen, as above in the mild physiological effect, as far as the writer has been able to determine; this drug, therefore, is only used for its primary effect in medicine. Given in doses of 5 to 10 drops as our Eclectic school of medicine uses it we get the primary effect, in larger doses less marked. The statement that Dioscorea is a fine remedy for colic is indefinite. In colic where bending backward relieves, dioscorea will be found to be the remedy. This is its main basic indication and should never be forgotten.

Dose, adults: 5 to 10 drops of specific dioscorea in a little water, hot, where admissible, is the average dose for an adult. This may be given every 10 to 20 minutes until easier, then at longer intervals until condition is corrected.

The above are two great remedies, if indicated. Colocynthis in colic where doubling up relieves and where hard pressure also gives some relief. Dioscorea is indicated where bending back gives relief. This is easily remembered by comparison.

General Results of Affections of the Nose and Naso-Pharynx.

BY DR. W. S. SYME, (*Brit. Med. Journal*, March 19, 1904.)

THE author pays attention to a series of conditions due to abnormalities of these parts, which, as he points out, have received but scant consideration heretofore because of the lack of knowledge concerning all affections of the nose and throat which prevailed to within the past few years. No branch of medicine or surgery has made such strides as the diagnosis and treatment of diseases of the nose and its accessory cavities.

When one remembers how often disease of the mastoid antrum has resulted in cranial affections, and the close relation between the sphenoid, ethmoid and frontal sinuses to the brain cavity, it is easy to believe that connection between cranial disease and nasal infection will be very much more frequently diagnosed when these parts are properly studied.

Speaking of adenoids and their influence on the body he points out that the restoration of nasal breathing is not the sole cause of improvement following removal of these growths, because in many cases in mouth-breathing persists for a long time after the operation and yet both mental and physical

improvement takes place. The mucopurulent discharge from adenoids entering the stomach during sleep destroys digestion and impairs the appetite and the septic poisoning in such cases with consequent ill-health is not at all in proportion to the *size* of the adenoid mass. A small amount of such tissue provokes marked effects in some patients while others show but slight symptoms from much greater quantities.

The anemia and ill-health so generally associated with ozena is an effect rather than a cause of the disease, while cases of muco-purulent nasal disease are constantly found to produce symptoms of general depression more or less marked.

The author cites cases from his own practice to support his views and urges that cases of chronic ill-health associated or not with gastric disturbance should be looked on as proper subjects for investigation by a rhinologist. Often such patients make no special complaint of nasal discomfort and yet surprising conditions of disease are found on careful examination, with the happiest results following proper treatment.—*The Post Graduate*.

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EDITORIAL.

The year for which we undertook to edit a Southern California Department is completed with this issue. This relation has been a congenial one and profitable intellectually if not financially. We regret the necessity for its cessation. It has been a momentous period for Eclecticism in this section, and it will be gratifying to our friends to know that we still present a united front. Our men are enthusiastic for the cause, contributing liberally and cheerfully both of time and money for its further advancement.

An organization has been perfected which will publish The Los Angeles Eclectic Medical Journal, a monthly periodical, devoted to the interests of Eclecticism in Southern California.

In closing we have the pleasure of saying that too high commendation cannot be given to our colleagues who have furnished us with such an abundance of first class material for this department. We thank you. *Au revoir!*

QUERY BOX.

Conducted by L. A. Perce, M. D., Long Beach, Cal.

I have been asked: What is the best means of protecting a severe hard corn on ones toes?

A. Keep the corn pared even, cover with a piece of Z. O. adhesive plaster and wear constantly. This will give comparative comfort and ease.

Q. What is the best and quickest remedy for Scald head of children?

A. Cleanse the head with hot water

and Asepsin soap, then apply a solution of Pot. Acetate, 3 dr. to water 8 oz. Apply with a sop-cloth for mop three times a day. This cures quicker than any thing I have found.

Q. What will quickly rid one of Pediculi Pubis?

A. Fowlers Solution Arsenic 2 dr., water 8 oz. Apply three times a day.

The Southern California Eclectic Medical Association.

The regular annual meeting of The Southern California Eclectic Medical Association which was held at the Hotel Westminster, Los Angeles, on May 3rd, was confined to one day's session this year on account of the State meeting following shortly after. President Hannah Scott Turner was in the chair and conducted the meeting in a most graceful and dignified manner.

But few papers were read and discussed as it required a greater part of the day for the appointment of business committees for various purposes. On account of the extensive Eclectic interests which are developing in this part of the State, it proved to be the desire of the members present that a monthly Eclectic Medical Journal be published here and a special committee was appointed by the President to take the matter up and form a corporation if necessary for that purpose with sufficient capital stock in sight to insure the permanency of the undertaking.

The question of an Eclectic Medical College at this point was also pretty thoroughly discussed, but no definite action taken in the matter.

The officers of the Association for the ensuing year are :

Dr. R. B. Hubbard,	President.
Dr. J. B. Sands,	Vice-President.
Dr. W. S. Gibson,	Cor. Secretary.
Dr. M. B. Ketchum,	Secretary.
Dr. J. A. Munk,	Treasurer.

The Care of Mother and Baby.

E. R. Harvey, M. D., Long Beach, Cal.

There is probably no one department of medicine of greater importance to the general practitioner than that of obstetrics. There is none wherein if skilful, he can establish a greater reputation among the laity, nor in which there is greater opportunity for relieving suffering. But the science of obstetrics embraces far more than the delivery of the parturient female. It demands a consideration of women in all phases of her makeup, mental, moral and physical, and according to a prominent author "pertains to the origin and descent of man, and takes philosophical cognizance of the differentiation in sex."

The ills, to which the expectant mother is liable, are legion and frequently demand the attention of her physician from the earliest weeks of pregnancy. This is due to the very intimate relation maintained between the sympathetic and cerebro-spinal systems of nerves, and from the fact that this sympathy is especially marked during the process of gestation, when the uterus is constantly enlarging, and the ganglia together with the plexuses of nerves and blood vessels are aroused from a state of comparative inertia to

one of energetic functional activity. Thus we have the source of multitudinous reflex symptoms, which while not always amenable to treatment, their severity may be greatly mitigated; and here again specific medication meets the difficulties if we be diligent in ascertaining the conditions producing the disturbance, and applying the indicated remedy. For example, the nausea of pregnancy, which, however, is not a disease, but only a symptom, has an underlying cause as much as the same symptom in connection with any malady, and to prescribe remedies empirically is to court failure in a majority of cases, for this disorder may arise from any one of a number of causes. The pregnant female may become nauseous from fecal accumulations superinduced by her condition; could we reasonably expect to permanently relieve her by the administration of such agents as ipecac., infusion of peach, dermatol, etc., remedies much vaunted for this trouble? Could we not hope for better results by a judicious selection from the saline laxatives?

Much might be written along this line, but the careful diagnostician and thoughtful student of drug action will as a rule succeed in at least palliating, if not curing, almost any of the so called diseases of pregnancy.

Again, much good will be accomplished by advising our patient as to her hygienic surroundings. She should have a sufficiency of healthful out-door exercise, but society's unwritten rules step in and many of our patients are rarely seen after their condition becomes noticeable. Clothing should be worn

loosely, and careful attention given to the condition of the skin, kidneys and bowels.

Not only is it necessary to look after the hygienic surroundings, but we must bear in mind the fact that prenatal influences have a marked effect on the offspring, and if we would aid in combining a healthy active mind, a cheerful and kindly disposition with a sound physical body, we will advise the expectant mother as to her environments, social, mental, and moral. Her companions should be amiable and congenial, her every surrounding conducive to tranquility of mind, and her literature of an ennobling and elevating character. As the time of parturition draws nigh, a competent nurse should be summoned, one who will see that every necessary detail of her preparation is carried out. Good judgment in this matter is essential to successful midwifery, as is also the entire confidence on the part of the patient.

One of the greatest boons to woman in this, her most trying ordeal, is the judicious use of chloroform; and in a properly selected case there is absolutely no danger, and the intense suffering is almost, if not quite, entirely relieved. When labor is well advanced, or in the first stage with sharp pains and rigid, unyielding os uteri, it may be administered drop by drop during the pain, and withdrawn as it ceases. Given thus the patient will frequently sleep during the interval.

As the pains increase in severity the quantity may be increased as required, and during the final throes enough may be inhaled to thoroughly relax the peri-

neum, but short of interfering with the expulsive power of the pains. Thus what would be a moment of intense suffering without anesthesia is passed in almost total unconsciousness, there is much less liability of laceration, and nausea and vomiting following its use are almost unknown. The question might be raised: Does not this procedure greatly increase the liability to post partum hemorrhage? The writer's own experience indicates otherwise, and in conversation with physicians of large practice extending over a number of years, there was no case reported as directly attributable to this cause.

It seems especially useful in primiparæ lessening the liability to laceration. This injury, if left unrepaired, tends to induce prolapsus uteri by removing support to that organ, and should be repaired at once, or within 24 hours, preferably at once as there is little need for anesthesia and better chances for union. The most frequent laceration is directly downward through the perineum. After thoroughly asepticizing the parts it is well to begin at the bottom of the wound and draw together with fine catgut sutures; then after filling it up completely draw the edges of the mucous membrane together, preferably with continuous sutures so as to prevent any pocketing, and lastly the integument.

The care of the mother following delivery is no less important than before. That she remain in bed the proverbial nine days, no longer nor no shorter time, is ridiculous. See that involution of the womb is well advanced before allowing a patient to be up and

there will be little to fear from that source.

There are many details of the care of the lying-in woman not necessary to mention here, but let good sound judgment be exercised. Child birth is a physiological, not a pathological process, and during the lying-in period little medicine is required, but a moderate amount of good nourishing food is essential. If medicine be necessary, let it be prescribed as in any case, according to conditions. If the breasts become sore and tender, do not depend on phytolacca alone, but keep them well emptied with a suitable breast pump.

The proper care of the infant requires tact and skill as well as does that of the mother. They come into the world utterly helpless and precious because of their helplessness. But custom has been the source of a great many of the ills of these little creatures. What good comes from a thorough "scrubbing" such as many nurses—not professional, however—persist in giving? Would it not be better to simply wash the face gently with some mild soap, bathe the eyes with boracic acid solution, anoint the rest of the body with warm olive oil, wrap up well and lay away for several hours when the caseous material may be readily removed? What good comes from pouring sage tea, sweetened water, etc., into these little stomachs? True, no special harm will come from it, but the mother almost always furnishes what is necessary; and the child will not suffer for 24 or 36 hours if it gets nothing. If in a reasonable time, 36 or 48 hours, milk does not come, cow's milk properly diluted



and sweetened may be given. Why allow a nurse to apply a band tightly around the child's chest and abdomen? It is not necessary even to keep the dressing of the cord in place. Dress it loosely, not too warm, apply dusting powder in groin, axillæ, etc., nothing is better than lycopodium—and insist that no part of the child's clothing be harsh and irritating.

No calling is more exalted and ennobling than the rearing of children. Let us as physicians do our part well in starting them in their career.

Biochemic Medicine.

W. S. Gibson, M. D., Los Angeles, Cal.

To be an Eclectic physician is to be a liberal one. To choose our remedies from where we please is our prerogative; if we find any school or sect or any individual using a remedy or method that is doing good work we consider it our privilege to use it if we wish to. To ostracise any particular drug because some one has been injured by it is not only not good Eclecticism but would confine our *materia medica* to a very small compass. It takes time, opportunity and something more to arrive at the various effects of a drug and learn its specific uses. In one of my April journals a doctor from down in Kentucky asks the editor how to use aconite; he says he would like to try it but he had never used it and was afraid. That doctor was trying to be Eclectic but he didn't have a good start. A liberal Eclectic should not be prejudiced against any theory or

system for the cure of abnormal conditions or the application of remedies until he has tried them or at least has had the experience of others as to their lack of virtue. We must treat morbid conditions. The physician who looks for the best remedy to treat a disease is bound to be a failure. A disease usually presents a number of conditions that cannot be met by a single remedy. Occasionally one symptom will stand out so prominently that the single remedy relieving it will cause the others to disappear.

With these preliminary remarks I call your attention to a set of remedies advocated by Schuessler and others, under the title of Biochemic Medicine.

What I shall say is partly my own experience and partly gleaned from the experience of others. As to the physiological and chemiological action of these "life" remedies, you can read them up and form your own conclusion; that there is good in them has been ably demonstrated.

I give a few simple indications as a ground work for discussion which I hope is to follow. In all cases at least one-third trituration should be used.

Mag. Phos. is antispasmodic, and is indicated in spasm, cramp, gaseous distention of stomach and bowels, palpitation caused by disorders of the stomach, colic in infants, menstrual colic, neuralgia if relieved by heat. One of the indications pointing to Mag. Phos. is the fact that heat gives relief.

Ferric Phos. is indicated in all inflammatory conditions. Its action is similar to the combination of aconite and gelsemium. It is a good remedy

for the little fevers and colds of children where it may be combined with Nat. Mur.

Nat. Mur. is indicated where there is a clear, slimy or frothy coating on the tongue, dull, heavy headache, watery discharges from eyes and nose, effusions from serous membrane, watery eruptions from the skin. Give Nat. Mur. in sudden colds, influenza, coryza, diabetes insipidus and other disorders where there is excessive secretion of muco-watery discharges.

Kali Phos. is the remedy in all nervous disorders, mental derangements, nervous prostration and depression of spirits, crying without cause, hysteria, nervous headache and the nervous conditions at the menstrual period. Kali Phos. is also indicated in typhoid conditions with a brownish coated tongue and muttering delirium.

Nat. Phos. is indicated by a moist creamy coated tongue, picking at the nose, grinding the teeth, gastric troubles during teething, sour stomach and hives or other eruptions accompanied with itching. In all cases where there is an acid diathesis give Nat. Phos.

Kali Mur. is indicated where there is excess of fibrin and albumen. In catarrhal conditions from any part, colds in the head with stuffiness, phosphate in urine, cystitis with white or cloudy deposits, Bright's disease and some forms of eczema. Kali Mur. is recommended as an internal remedy in soft chancre and all swellings of a fluctuating character.

Nat. Sulph. is the remedy for bilious conditions, grey or brownish coating on tongue with bitter taste in the mouth

with dull headache, soreness in region of liver, brick dust deposits in urine, yellow skin and eyes, sleepy and stupid. Great things are claimed for Nat. Sulph. in abdominal dropsy.

Cal. Phos. is indicated whenever there is an albuminous discharge from any source; other indications are a poor memory, mind wanders, desire for solitude, eyeballs ache and are sensitive to light, enlarged tonsils with offensive secretions, hawking and clearing the throat, poor bone development, cold clammy night sweats. It is claimed that Cal. Phos. will prevent gall stones.

Cal. Sulph. is indicated in all pus producing conditions of long standing.

Cal. Fluo. is indicated by fissured tongue, decayed teeth, lax throat membranes with tickling, displacement of uterus, tumors or nodules on the bones and varicose veins. In indolent ulcers combine with Cal. Sulph.

Silicia is the remedy in all old offensive suppurations. In carbuncles combine with Cal. Fluo. Silicia is said to be an excellent remedy to prevent baldness and in that capacity I would recommend it to our honored president.

Read before the Los Angeles County Eclectic Medical Association.

In cellulitis of the scalp long incisions are preferable to short ones. It is well to recognize that the condition is a dangerous one, and that the true extent of the trouble can hardly be determined without a thorough shaving of the scalp, which should at any rate precede any incision made in this region.—*International Journal of Surgery.*

SUCCESS

is one of the best proofs of merit, for no matter what it is, whether it be a medicine, a typewriter or piano, it *must* have *merit* to succeed. Advertising and pushing may make it go for awhile, but without *merit* it will surely fail. Therefore, we think that the fact that we are moving our business from St. Louis to New York in order to have better facilities for handling it, to be nearer the source of supply for the various ingredients that enter in their composition, and to be nearer and more in touch with our foreign business, which has assumed large proportions, is one of the best proofs that can be offered as to their merits; and the fact that Celerina as a nerve tonic, Aletris Cordial as a uterine tonic, and S. H. Kennedy's Pinus Canadensis as a vegetable astringent, have stood the severest test of time from the medical profession all over the world, proves that they *must* be what we claim for them. And right here we want to tender our sincere thanks to the medical profession for the support and confidence that they have given us in our endeavor to present to them preparations of absolute strength, purity and uniformity.

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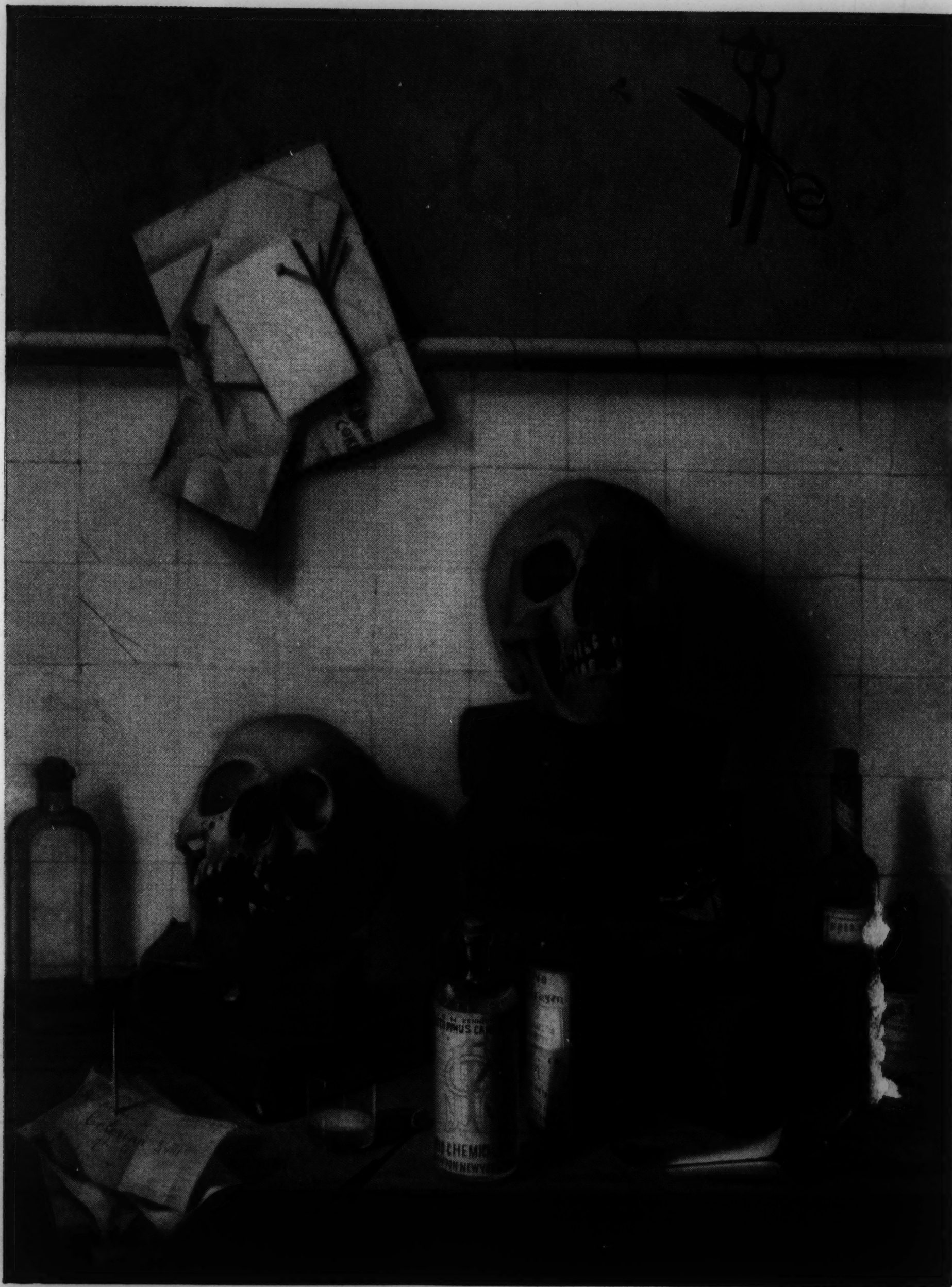
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AN OLD DOCTOR'S STUDY.

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CALIFORNIA MEDICAL JOURNAL,
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Editorial.

Asepsis in Dairies.

It is most gratifying to the medical profession to note the extension of the principles of asepsis to the every day affairs of life. In the dairies especially is this application of these methods of great importance. Milk is a food intended for consumption on the spot, and does not bear transportation well, so that special care is needed in preparing for the market. It is hardly necessary for the cow or the milker to be put in a bichloride pack or in a sterilizer. But the milking sheds can be scrubbed with disinfectants, the cans can be boiled, and the cow and the milker can be kept scrupulously clean, and can be (which is even more important

still), perfectly healthy. The employees of the dairy should be inspected as carefully as the cows. The dairies are rapidly improving, and no doubt in the near future in a sterilized barn, the milker will sterilize his hands, put on a sterilized gown, take his sterilized pail and carefully milk a sterilized cow.

Treatment of Cancer by Its Own Toxines.

The Medical Review of Reviews of April 25, contains an article by Dr. P. J. McCourt that will be read with interest by the entire medical profession. He dwells upon the fact that syphilis in a strumous person frequently results in cancer, and on the relation of eating of pork to the same disease. Cancer seldom occurs among Jewish

people, and Dr. Behla's map of the geographical distribution of cancer shows that it is practically unknown among the Mohamedan peoples. The doctor gives details of a number of cases which give a family history of cancer, syphilis and scrofula accompanied by excessive eating of pork.

The treatment like that of the X-Ray has proved palliative in many cases, but it is of course as yet in an experimental stage. It must be remembered that so far the largest reduction in the death rate from cancer has been due to surgical removal, and this tried method should not be abandoned for an experiment. It would be justifiable, however, to try it in such cases in which surgical interference was not possible. These experiments can not fail to advance the therapy of cancer, but it surely would not be wise to subject a case that could readily be cured by known means to the uncertainties of a new method.

The State Society.

The State Society met in Los Angeles May 24, 25, 26. This was a new departure, being only the second time that it has met outside of San Francisco. It was a most successful and enthusiastic meeting and many thanks are due to the Eclectics of Southern California for their hospitable reception of their visitors. We trust that the good fellowship established between the different sections of the State may long continue to the common good of the society. An account of the meeting may be found elsewhere.

The large manufacturing druggists of the country are conducting a vigorous campaign against the department stores for their using the copyrighted names of their products. As the original preparations represent a lifetime of study and care, it is not fair either to the manufacturer or the public to have the name of a well known and valuable preparation used indiscriminately. We trust that the manufacturers will be successful in their efforts to have the names of their preparations to stand only for the highest and best of their class.

Editorial Notes.

Dr. G. W. Bryant, of Truckee, Cal., passed through the city on his way to Hanford to attend the meeting of F. O. A. at that place.

Dr. C. N. Miller has moved his office from 313 Taylor St. to 1584 Market St. All his friends are cordially invited to call and inspect his new quarters.

The Detroit College of Medicine held their 36th Annual Commencement Thursday, May 5th.

The Board of Health has set the limit at 30,000 Bacteria to the cubic centimeter as a safe diet in our milk. Wo be to the unclean dairy man who does not have his help, utensils and cows sterilized in the future.

The Eclectic Philomathian Society held an open meeting in the College Hall, Monday, May 16. The alumni, faculty and student body were invited and there was a large attendance. A

most interesting entertainment was presented, consisting of music, recitations and papers. Dr. W. W. Wimer delivered the "Class Phophecy," which was highly amusing, especially to those on whom his prophetic eye had not been turned. At the conclusion ice cream and cake were served. The evening was most enjoyable and it is to be hoped the society will continue its good work in fostering a spirit of harmony and good fellowship among students and professors alike.

The College Graduation.

The twenty-sixth annual commencement exercises of the California Medical College were held in Native Son's Hall, Tuesday, May 17th. The program was commendably short, and Prof. H. M. Owens' happy manner of presiding as Master of Ceremonies added much to the enjoyment of the evening. Popular selections were rendered by Blum's Orchestra. Mrs. Gertrude Mills sang two charming songs, and the only Billy Hynes entertained the audience in his inimitable manner. Mayor Schmitz being unavoidably detained the program closed with the conferring of degrees by the President of the Board of Trustees. Dr. Wimer was the last to receive his diploma, and in recognition of the brilliant future he had prophesied for his classmates they presented him, through Prof. Owens, a most artistic bouquet of carrots. They now feel that they have in a slight degree indicated the esteem in which they hold him.

Dancing followed until midnight, when the great day in the lives of

eight young physicians was over. The Journal joins with the rest of their friends in wishing them God speed.

The graduates were:

C. A. Burrows, W. P. Byron, J. P. Dougall, C. A. Hascall, S. Krepps Manuel, H. V. Prouty, W. L. Waller, W. W. Wimer.

SOCIETIES.

The National.

In two weeks the thirty-fourth annual convention of the National Eclectic Medical Association will convene in St. Louis. The prospects, at this time, are bright for the largest gathering of Eclectics ever convened. Over 200 rooms were taken three weeks ago and applications coming in daily. Now Doctor, if you have not already made arrangements for attending the meeting, begin to do so at once, for you can't afford to miss the Love Feast. Let every Eclectic have some part in making Eclectic day at the World's Fair, June 15th, a grand success, but above all, go to the National for the purpose of advancing the great cause of Eclecticism. The future never looked more promising for our School, nor were the opportunities ever so great for advancement. With the mortality increasing in the two most common diseases of our country, pneumonia and typhoid fever, the eyes of the Medical World are turning to the remedies and methods of our system of practice. Don't say you can't afford to go this year, for you can't afford to stay at home. You must have some part in the great forward movement of Eclecticism. If you ever

felt discouraged because Eclectics were not represented in the various appointments of City, State and Nation, cheer up. Our men are now serving on more than 31 State Medical Boards, on various Health Boards all over the Union, are Examiners for various Life Insurance Companies and several of our doctors held commissions as Surgeons in the Spanish American War. We have gradually, by good work, come to the front, and it only remains for us, by a united, enthusiastic and solid working force, to take our place in the front ranks of the profession. This, Doctor, you can assist in bringing to pass, by attending your State and National meetings.

THE DATE AND PLACE OF MEETING.

Don't forget the date of the meeting, June 14-15-16-17-18, 1904, at St. St. Louis, Mo.

HEADQUARTERS.

We have engaged 250 rooms at Hotel Epworth at \$1.00 a day, two persons to a room, separate beds if desired. There is a dining room, on the ground floor where meals will be served a la carte, prices guaranteed reasonable. The hotel is located three blocks north of the Fair grounds on the corner of Melville and Rosedale Place.

HALF DAY SESSIONS.

The Association will convene morning and afternoon of the first day, Tuesday, but the remaining days of the week will adjourn at noon, thus giving every one an opportunity to visit the Fair both afternoon and evening.

SECTION WORK.

Section work has been divided into

three departments—Medicine, Surgery and Specialties, and it is the intention to carry on the three departments at the same time.

The City Society and Missouri State Eclectic Society will give a reception to the members of the Association Tuesday evening.

Again we invite you to be present, not only that you may have a royal good time, enjoy the Association, but that you may have the satisfaction of helping to advance the great cause of Eclecticism.

R. L. THOMAS, M.D., President

F. ELLINGWOOD, M.D., Secretary.

The New York County Medico Pharmaceutical League held their last regular meeting before the summer session on May 27th.

The subject of the evening was "Professional Bills" — contracting, concocting, and collecting; "Ill Bills," Adolph Rupp, M. D.; "Pill Bills," E. D. Lawall, Ph.D.; "Fill Bills," W. B. Lederer, D. D. S.

The third annual meeting of the American Confederation of Reciprocating Examining and Licensing Medical Boards was held in the Great Northern Hotel, Chicago, Tuesday, May 24th.

Any examining or licensing board of any state, territory, district, or province in the United States, having a medical practice law requiring an examination before said board, and requiring thorough professional qualifications as a basis of legal authority to practice in said state, territory, district, or prov-

ince, is eligible to membership in this confederation, and may obtain membership by the signing of its authorized representatives to the constitution of the confederation.

The Alumni Association of the Eclectic Medical College of New York held their meeting on Friday, May 13th.

At the meeting of the Medical Board of the New York School of Clinical Medicine, held April 9th, Dr. J. J. Adams was elected secretary of the school and professorial and other distinctions were conferred upon the following in the departments specified: Mental Diseases, Prof. E. C. Dent, superintendent Manhattan State Hospital West, Ward's Island; Internal Medicine, Prof. Wm. Brewster Clark, M. D.; Gastro-Intestinal Diseases, Prof. Robert Coleman Kemp, M. D., Associate, Prof. Graham Rogers, M. D.; Hydro-Therapeutics, Prof. Alfred W. Gardner, M. D.; Ophthalmology and Otology, Prof. Geo. Ash Taylor, M. D.; Pediatrics, Associate Prof. H. F. Senftner, M. D.; Clinical Instructor and Assistant, Wm. F. West, M. D.; Genito-Urinary Diseases, Chief of Clinic and Associate, Prof. C. Stern, M. D.; Dermatology, Chief of Clinic and Instructor L. D. Weiss, M. D.

The forty-fourth annual meeting of the Massachusetts Eclectic Medical Society was held at the Thorndike, Boston, Thursday and Friday, June 2d and 3d.

THE STATE SOCIETY.

The Thirty-first Annual Meeting of the State Society, and the first held in Los Angeles, was an unqualified success. The Southern California Eclectics extended the most cordial welcome to the visiting physicians. The Mayor of the city delivered an address of welcome which formed an interesting feature of the program. The meetings lasted during three days, and many interesting papers were presented, which we will publish in the future.

On Wednesday the Society was a guest of the Southern California Eclectic Society, on a trip to Long Beach, where lemonade and ice cream were discussed with vigor and relish. Well, yes, the boys had a dip in the ocean and they looked pale as they emerged from the water, riding on the crest of a wave.

On Thursday the Society visited the Sweeney Surgical Manufacturing Co. The largest institution of its kind West of Chicago. Their Yucca artificial limbs are a beauty in lightness elegance and strength.

The following is a list of officers elected: President, Dr. W. A. Harvey, San Francisco; first vice-president Dr. J. B. Sands, Los Angeles; second vice-president, Dr. Hannah Scott Turner, Pomona; recording secretary, Dr. Ben Stetson, Oakland; corresponding secretary, Dr. M. Blanche Bolton, San Pedro; treasurer, Dr. H. W. Hunsaker, San Francisco. Board of Censors: Dr. L. A. Perce, Long Beach; Dr. George Gere, San Francisco; Dr. B. R. Clow, Santa Barbara. For appointment on

the State Board of Medical Examiners the following gentlemen were elected: Dr. L. A. Perce, Long Beach; alternate, Dr. J. A. Munk, Los Angeles; Dr. J. B. Mitchell, San Francisco; alternate, Dr. H. W. Hunsaker, San Francisco. The meeting adjourned to meet in San Francisco in May, 1905.

A theatre party by our Southern cousins concluded one of the most successful meetings of the Society. The writer would like to attend the Methodist Conference, but the allurements of the theatre was too much to be resisted.

TOO LONG TO TEACH DOCTORS.

EDWARD LAUTERBACH, REGENT, TALKS TO
ECLECTIC GRADUATES.

Carnegie Lyceum was filled last night at the graduating exercises of the Eclectic Medical College. It was the forty-third commencement of the college and there were eight graduates to receive the degrees. Three of them were women, Miss Ida Kesuet, Miss Silvia Lewis and Miss Ida Mendelsohn.

Edward Lauterbach, in an address to the graduates, spoke of the growing breadth in educational matters which permitted him to speak as a Regent of the State to a school which twenty-five years ago he would have been forbidden to recognize.

"Now," he said, "doctors of this State must take the same examination no matter to what school of medicine they belong, and a doctor is great because of his knowledge alone."

He also spoke of the length of time

now necessary to prepare for entrance to a medical college.

"It takes nearly twenty-three years to get ready for the technical schools, and the men are not ready for their life work until they are 28 or 30. I find this all wrong, and I hope to be able to change it while I am a Regent of the State."—*New York Sun*, May 14, 1904.

A good plaster-of-Paris dressing should not be too thick nor too thin. In order to avoid these faults the bandaging should begin at one end and be smoothly carried to the other, when it is brought back again and the process repeated until not less than three thicknesses and not more than six have been placed in position.—*International Jour. of Surgery*.

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◀ *Cactina in Functional Diseases of the Heart*

Dr. John L. Hatch, B. S., M. D., of New York, after referring to all recognized heart stimulants, concludes: The last in the list of cardiac stimulants, but by no means the least, is cactina. This drug is the proximate principle of the *Cereus grandiflora* (night-blooming cereus), and belongs to the natural order of the cactaceæ, a plant indigenous to tropical America. This active principle was most successfully isolated by a pharmaceutical chemist of St. Louis—Frederick W. Sultan—who obtained it from the flowers and stems of the Mexican variety, which yields a greater and more constant quantity than any other species. This drug is non-irritant and can be applied to the conjunctiva in a ten-per-cent solution without producing any noticeable effect. Therapeutic doses cause a rise in the arterial pressure and increase the pulse rate, whereas toxic doses cause, first, acceleration of the pulse and a rise in arterial pressure that is followed by a drop in the pressure and a diminution in the rate of the pulse. The pulsations become irregular and spasmodic, and the heart is finally arrested in systole.

A fair conclusion is that the drug produces these effects chiefly by direct stimulation of the intra-cardiac ganglion.

From this we may summarize that the action of the cactina in therapeutic doses is to increase the musculo-motor energy of the heart, elevate the arterial tension with a corresponding increase in the height and force of the pulse

wave, and to elevate the general nervous tone by stimulating the motor centers in the cord.

Cactina is indicated then whenever we need a powerful cardiac tonic stimulant.

Its greatest value has been shown in functional disturbances of the heart, such a simple dilatation and cardio-musculo-atony, in which there are no organic lesions.

My experience with cactina has been such that I put more faith in it for functional disturbances than any other remedy that I have tried.—*Medical Examiner and Practitioner*.

Glyco-Thymoline as an Active Depletant in Pelvic Congestions.

The presence of congestion or inflammation, whether acute or chronic, involving the female pelvic cavity forms grounds for anxiety. Fortunately we have passed the age where operative conclusions are hastily made. A superficial study of the vascular supply of the female pelvic organs, with its vesico-vaginal and vesico uterine plexus forming a complete net-work of anastomosis, is sufficient to show that local applications of depleting agents to the vaginal and rectal canals form both practical and theoretical ideals in treatment, which by purgative action reduces the stasis of engorged cellular tissue and lowers vascular tension, thus aiding nature in restoring normal glandular action. Glyco-Thymoline in contact with mucous membranes everywhere produces the following physiological activities in direct proportion

to the vascularity of the structure. It stimulates the secreting cavity of glandular structures of all mucous surfaces, so that larger quantities of watery fluids are exuded. On the law of ex-osmosis, which determines the passage of fluids through animal membranes from a rare to a more dense saline medium, this solution, through its stimulating and hygroscopic property, brings about a rapid depletion, drawing outwardly through the tissues the products of inflammation and materially reduces the danger of septic infection. The following clinical cases bear with interest on the subject: Chas. Le Gates, M. D., Philadelphia, Pa., reports: Mrs. A. consulted me in reference to her condition, made a thorough examination, and found uterus much enlarged, very turgid, degeneration of the endometrium, discharge rather profuse. Treatment—Hot vaginal douch ten per cent Glyco-Thymoline. I then irrigated the uterus with pure Glyco-Thymoline, and tamponed the vagina with lamb's wool saturated with Glyco-Thymoline. This treatment was given twice and three times a week, improvement was rapid, congestion removed, and patient discharged in six weeks. I see the patient frequently, and there has been no recurrence of former trouble.

J. W. Lipscomb, M. D., Chicago, Ill., reports: Mrs. C. gave history of suffering several days with agonizing pains in pelvic region. Upon examination, I found the vagina and uterus to be very tender, the slightest jar causing pain. My diagnosis was cellulitis, with cervical endometritis. There was a foul, blood-stained, muco-purulent dis-

charge. Patient was emaciated, tongue thickly coated, breath foul, bowels constipated, and considerable fever. Having Glyco-Thymoline in my case, I made up a solution of one ounce to the pint of hot water, which was used as an intra-uterine irrigation, thoroughly flushing out the cavity and vagina. Relief was at once apparent. Tampons saturated with pure Glyco-Thymoline were then introduced. Daily vaginal douches of Glyco-Thymoline, one ounce to the pint, were ordered, which, with the usual constitutional treatment, brought about a rapid recovery.

Chas. W. Gowans, M. D., St. Louis, Mo., reports: Mrs. R., diagnosed as endometritis, resulting from retained placenta. This was undoubtedly the worst case I ever saw or wish to see. The discharge and odor emanating from the uterus was simply indescribable. I douched with sterile hot water and Glyco-Thymoline, two parts water to one part of the antiseptic. The result was certainly most pleasing and effective, rapidly reducing the inflammation, destroying the odor and making the parts fresh and clean. I have nothing but praise for your preparation.

It gives me great pleasure to certify to the undoubted efficiency of Dr. Shiley's Combined Serums in the treatment of Tuberculosis.

I have conscientiously used this remedy in three cases with the result of an amelioration of all the active manifestations of the disease, giving marked comfort and satisfaction to the patients, and I do not hesitate to say that I have obtained better results from the use of the Combined Serums than from any other method of treatment for Tuberculosis I have ever used.

E. C. FORTNER, B.A., M.D.
Chicago, Ill., April 27, 1904.

There is still some difference of opinion among physicians as to whether the preparations of the active principles of cod liver oil fully replace the administration of the oil itself. There can, however, be no difference of opinion as to the superiority of these preparations during certain periods of the year. During the summer months especially we have found them of great use, for there is a marked loathness on the part of patients to take emulsion or preparations having an oily nature. Among these preparations we have found Hagee's Cordial of Cod Liver Oil one of the most satisfactory. It is exceedingly palatable, can be taken by those with the most delicate digestion, without any disturbance of the same, and its effects are rapidly observed.—*Colorado Medical Journal*.

Never administer morphine to a patient who is unconscious, or in whom the element of pain has practically been abolished by shock. It will deepen these conditions and distinctly increase the danger.

"Extension of the septic products along the vascular highways is prevented by the use of Antiphlogistine."

Blood Impoverishment.

In meeting that condition of the system embraced in the above headlines, is it not true that our first thought, and that to which our instinct naturally leads us, is iron? but viewed from the standpoint of now accepted scientific facts, is this not

looking at but one phase of the question? That there is a deficiency of iron in the blood in most forms of anæmia is, of course, indisputable; and to endeavor to supply this lack by the administration of iron seems but a common-sense procedure. This practice would be sufficient if anæmia were, in reality, nothing more than a condition of iron deficiency; but modern physicians know that the real underlying causative factor is a disturbance of the complicated processes of nutrition and metabolism, and that iron poverty is but one manifestation of this disorder. Sufficient proof of this fact has been presented to every physician when he has observed how anæmic conditions persist in spite of the long-continued administration of iron. Here, then, iron must be supplemented by such remedies as have the ability to awaken the depressed nutritive and metabolic processes.

To invigorate, to rekindle nervous force, to revitalize all functions, and thereby bring about a condition of systemic vigor, of which blood enrichment is necessarily a feature, the addition of Manganese with Iron is desirable. In Pepto-Mangan, Iron and Manganese was first brought to the attention of the profession by Dr. Gude, Chemist, and this preparation is found to be one of the best therapeutic resources of the present-day physician, and when combined with such other remedies as meet the indication, such as we have spoken of, forms at once a therapeutic arsenal whose fortress is impregnable.—*Editorial in Medical Summary*.

THE SUMMER SESSION OF THE UNIVERSITY OF CALIFORNIA.

With a faculty comprising specialists from the leading universities of America, and from London, Cambridge, Amsterdam, and Stockholm as well, and with a list of courses of great variety and richness, the University of California will open its doors from June 27th to August 6th for its annual six weeks' summer session.

The summer session is planned primarily for persons of maturity who wish the stimulus of living for a time in a university atmosphere and of instruction from leaders in scholarship competent to bring their students into touch with the latest developments of knowledge and method in their special fields.

The unusual opportunities afforded by the cosmopolitan character of the faculty and the high character of the instruction offered has been greatly appreciated in past years, as was evidenced by last year's enrollment of 868, a number of students which has been equalled only at summer terms at Chicago and Harvard.

The summer climate of Berkeley makes it an ideal place to spend a vacation. The university is picturesquely situated on the lower slopes of the Berkeley hills, three miles back from San Francisco bay and only thirty-five minutes distant from San Francisco, with a ten-cent fare. Five trains an hour make all the opportunities of a great city readily available. Ample accommodations are to be found in Berkeley at an expense of from \$25

to \$35 a month. Special round-trip rates of a fare and a third are offered by the Southern Pacific and the Santa Fe to attendants upon the summer session.

When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark pinus canadensis should be given in an alkaline medium.

Sanmetto in Hematuria with Retention of Urine.

I prescribed Sanmetto in a case of hematuria with retention of urine. The patient had improved a great deal by the time another supply of Sanmetto had reached me. I was obliged to withdraw the urine with a catheter for nearly a week from three to four times in twenty-four hours; also had to wash out the bladder and use suction to withdraw the clots. Since using Sanmetto the urine passes again normally and the constituents are also nearly normal, and the patient has fully recovered, with the exception of a small quantity of albumen. I shall prescribe Sanmetto in the future if cases for which it is indicated fall to my care for treatment.

W. B. ERDMAN, M. D.

Macungie, Pa.

The Pain in Rheumatic Gout.

Chas. P. Heil, M. D., late professor of anatomy, Indiana College of Medicine, Indianapolis, Ind., in the *Mobile Medical and Surgical Journal*, states: "Many of the cases of rheumatic gout which I have treated were of an obstinate and complicated character, and I

must state that I myself have been suffering with an attack in the nature of a very severe inflammatory condition, situated in and over the articulations of my wrist, knee, and ankle joints. The pain which I suffered most of the time was indescribable. I placed myself under the care of a physician, who, upon examination, pronounced me also slightly affected with cardiac trouble. I suffered the most excruciating pain for ten days and nights, without alleviation of my sufferings, nor apparent signs of progress for the better. Knowing full well the efficiency and value of Antikamnia Tablets in these cases, I took two tablets, and, about ten minutes after taking them, the pain was relieved, I perspired slightly, and then fell into a gentle sleep. The result was simply magical. I slept eight hours in perfect rest, free from all pain. I continued the two tablets every four hours during my convalescence and until complete recovery."

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

A Manual of Fever Nursing.—By Reynold W. Wilcox, M. A., M. D., LL. D.

P. Blakiston's Son & Co.; price, \$1.00.

This volume contains the lectures on fever nursing which were delivered

to the nurses of St. Mark's Hospital during 1903-04. The ground has been thoroughly covered. Explicit directions as to the care of the patient and the sick room are given, as well as methods of disinfection. The whole technique of fever nursing is given—the taking of temperatures and keeping of records, the methods of bathing, preparation of food, maintaining a quarantine, and proper means of disinfections.

The different fevers are then taken up separately and the special complications of each discussed. It can not be too highly recommended.

A Guide to the Clinical Examination of the Blood.—By Richard C. Cabot, M. D.

Wm. Wood & Co., New York, publishers; price, \$3.50.

This is the fifth edition of this standard book, and its present form will be found of the highest excellence. About ninety pages of new matter have been added. The most important changes are due to the introduction of the Romanowsky staining method as applied to blood examination. An entirely new set of colored plates has been prepared from specimens stained in this way. Considerable additions have been made to the chapters on infectious diseases and blood parasites. The general scope of the book is the same. It consists of the first part devoted to methods of examination, physiology of the blood, etc., and general pathology.

The second part deals with special pathologies, and covers the whole

ground, ending with the examination of the serum.

Year Book for March; Gynæcology.

Year Book, publishers, Chicago; price, \$1.00.

This number maintains the high standard of excellence of the series. As usual, it brings the subject down to date, medically and surgically.

Elements of General Radio-Therapy for Practitioners.—By Dr. Leopold Freund, Vienna; translated by G. H. Lancashire, M. D., M. R. C. S., etc.

Rebman Company, 10 W. Twenty-Third Street, New York, publishers.

This translation introduces Dr. Freund's work in the English-speaking profession, and should be welcomed enthusiastically by its members. The author is known as the man to whom, perhaps, more than any other we owe the foundation of Roentgen-Therapy. The book covers the whole field, beginning with the elements of electricity.

Part II. is devoted to high frequency currents.

Part III. to X-rays.

Part IV. to Becquerel rays.

Part V. to heat and light rays.

Under the high frequency current, most interesting are the experiments with micro-organisms showing that direct spark discharges will prevent the development of bacterial cultures and also destroy even well-developed colonies of staphylococcus pyogenes—typhus bacillus, diphtheria bacillus, anthrax bacillus, aphthæ, tubercule bacillus, and achorion Schonleinii.

The physiological effects of quiet discharges were found to correspond with those of direct spark discharges. They also prevented the development of bacteria and destroyed well-developed colonies of anthrax bacilli. In the other departments equally careful investigations have been made. The book, as a whole, is a scientific justification of the methods of radio-therapy and certainly the author has laid a solid foundation. The book is carefully illustrated, and in addition there are valuable notes on instrumentation by Clarence A. Wright, F. R. C. S., etc., which will be of great assistance to any one desirous of fitting up a laboratory.

Graves' Disease, With and Without Exophthalmic Goitre.—By Wm. Hanna Thomson, M. D., LL. D.

Wm. Wood & Co., New York, publishers; price, \$1.50.

The object of this treatise is to emphasize the fact that the constitutional and general derangements which are characteristic of Graves' Disease constitute the disease and not the condition of the thyroid gland and its accessories. There are given the clinical histories of twenty patients who at no time showed any signs of exophthalmic goitre and forty-two patients who did. The comparison is made to demonstrate that disease may have no recognizable relation to the state of the thyroid gland. The author has spared no trouble in stating his side of the case, and has given us a very thorough, painstaking treatise on the subject.

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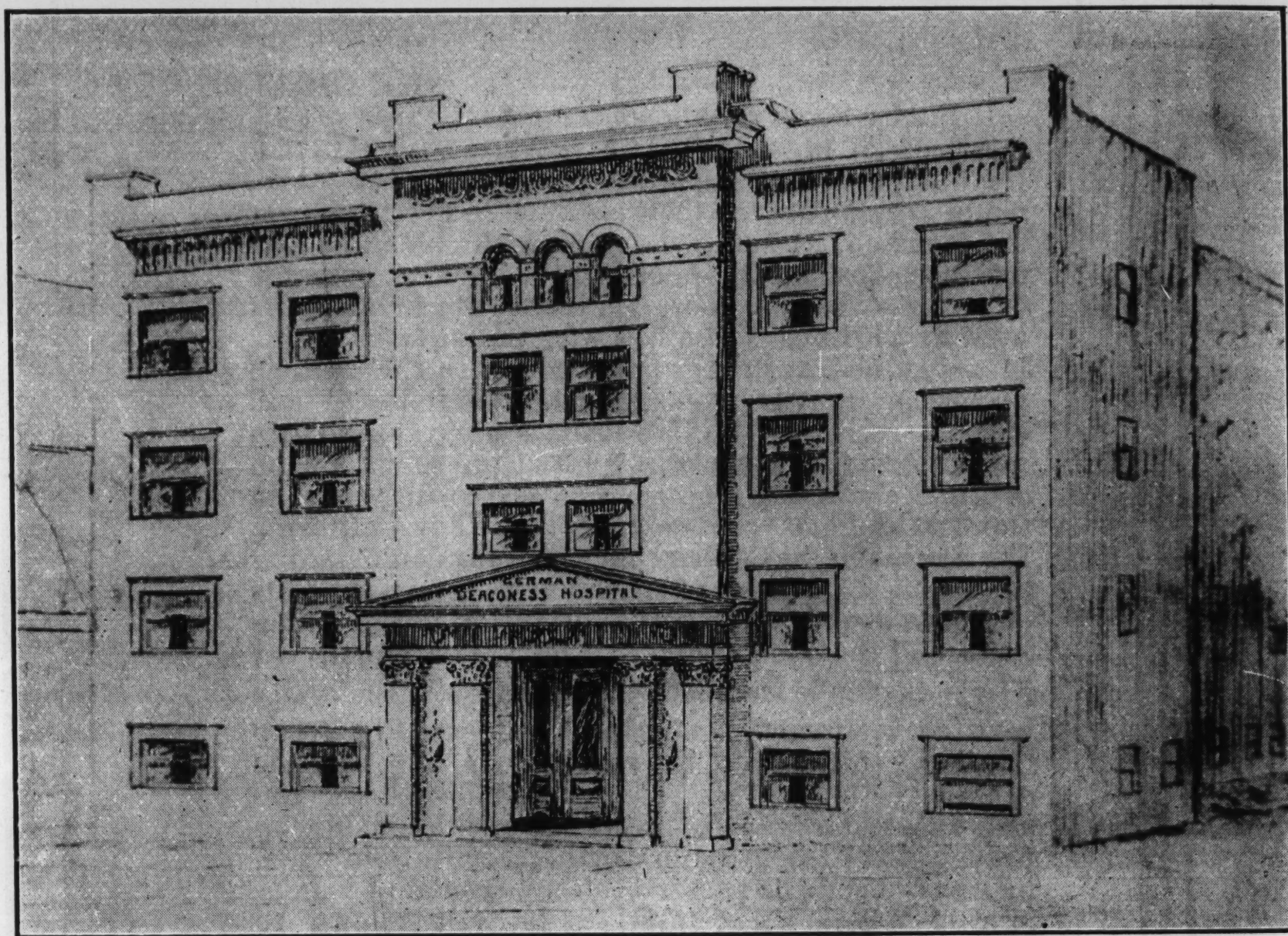
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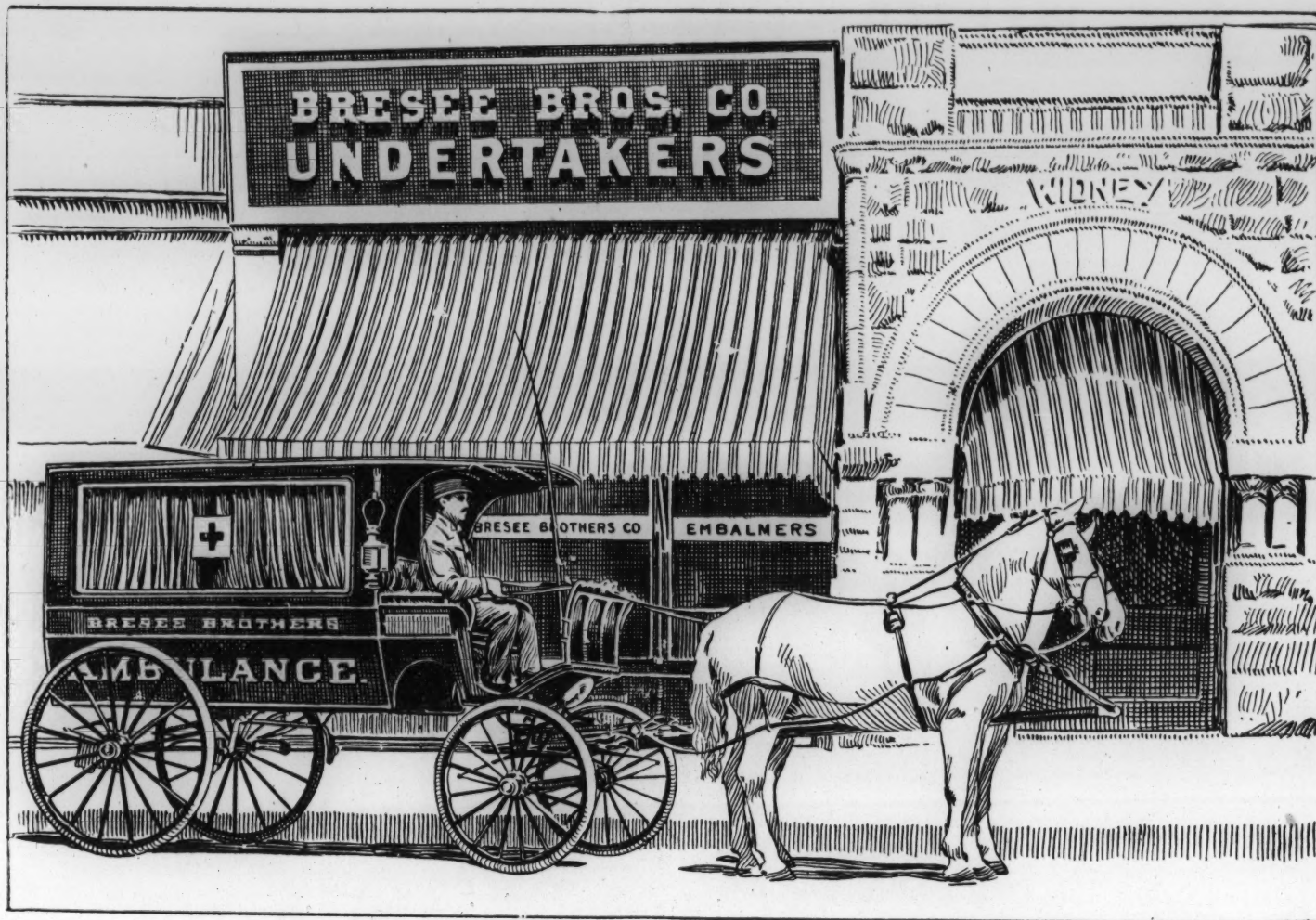
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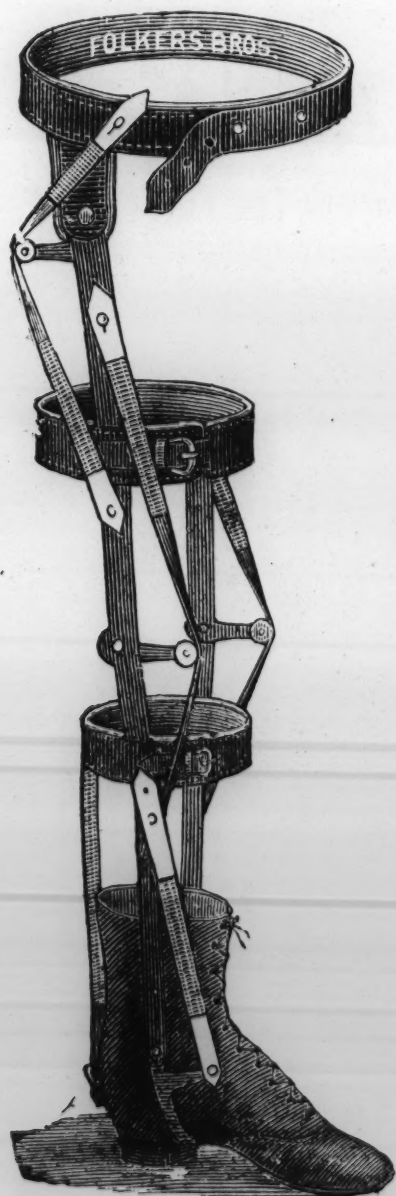
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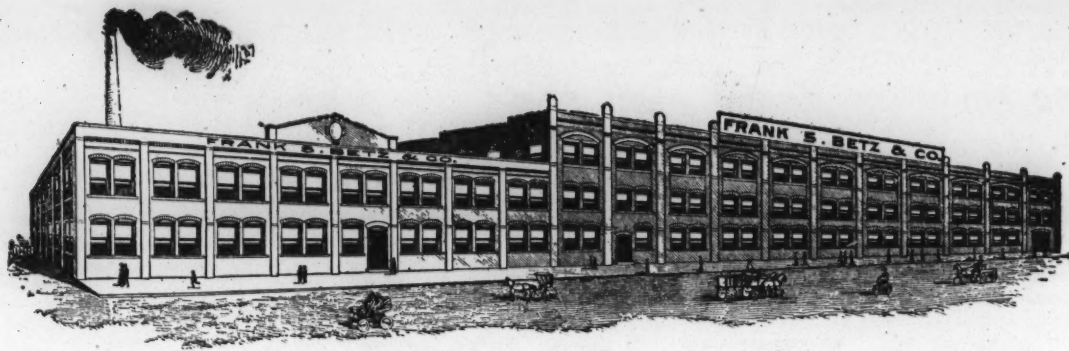
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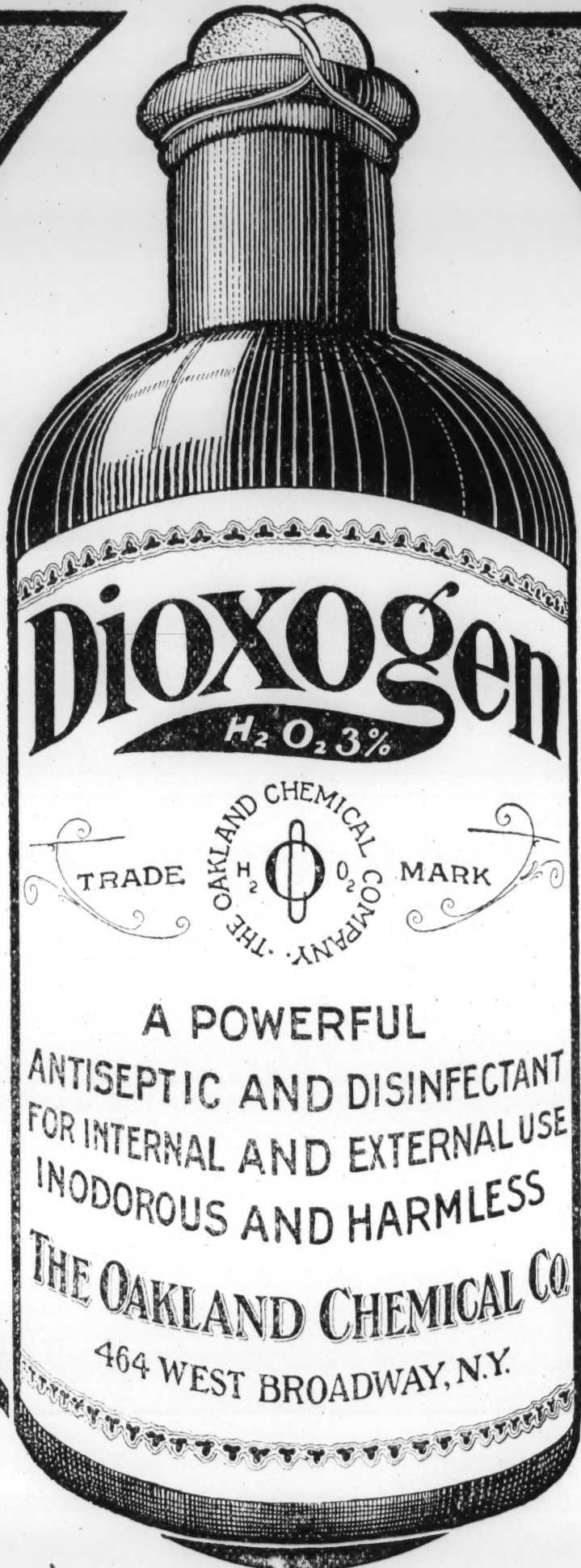
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